3065 Jupiter Park Circle, Suite 1
Jupiter, FL. 33458
(888) 958-5363 Fax (561) 745-5364
Email: grubbsop@aol.com
Website: grubbsoandplabs.com

Lower Extremity Orthotics

Company Name _____ Phone Number _____

Patient Name _____ Male ____ Female _____

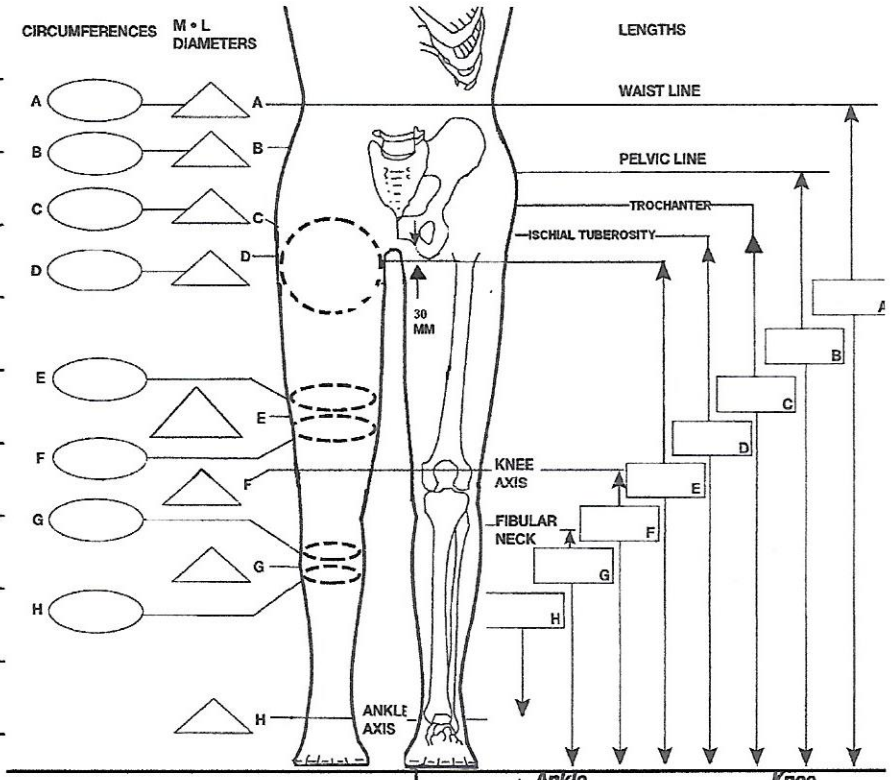
RT _____ LT _____ Height _____ Weight _____

Type of Plastic _____ Thickness _____

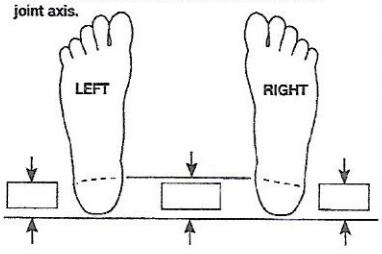
Date Required: _____

SPECIAL NOTES: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

☐ Varus ☐ Valgus
☐ Flexible ☐ Rigid
Degrees: _____

☐ Toe Out ☐ Toe In
☐ Medial Plane
☐ Lateral Plane
Degrees: _____

Heel Height: _____

Knee

☐ Varum ☐ Valgum
☐ Flexible ☐ Rigid
Degrees: _____

☐ Hyperextended
☐ Knee Flexion Contracture
Degrees: _____